
21. Please indicate how strongly you agree or disagree with the following statements about your role as a health care provider:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion
a) I feel that it is important for family physicians to address alcohol abuse problems among their patients and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I feel comfortable making a chart notation of Fetal Alcohol Syndrome (FAS).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel comfortable making a diagnosis of Fetal Alcohol Syndrome (FAS).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I feel that I have the appropriate skills and knowledge to deal with patients and their families who have problems with alcohol abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel that I have the appropriate skills and knowledge to deal with patients who have FAS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. What is the primary setting for your practice:

Hospital-based Practice	Native Health Corporation	State/Borough/Municipality	Military	School	Private Practice	IHS	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. In a typical week, how many patients do you see? _____

24. Where is your main work location (city or village name)? _____

25. Does your work require that you travel to other locations besides your main work site?☐ Yes ☐ No

26. In what year did you graduate from medical school? _____

27. What is your gender?☐ Male ☐ Female

28. In what year were you born? _____

29. What kinds of support would be helpful to you in dealing with patients who have FAS?

30. What expertise or strengths do you have for dealing with patients who have FAS?

THANK YOU FOR YOUR HELP.



State of Alaska
Department of Health and Social Services
Office of Fetal Alcohol Syndrome
P.O. Box 110609
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Fetal Alcohol Syndrome in Alaska

Statewide Survey of Physicians' Opinions And Clinical Experiences

We are seeking information from physicians about their thoughts and experiences regarding alcohol use among their patients and Fetal Alcohol Syndrome (FAS). Your responses will be used to let policy makers know your views on the role of physicians in addressing Fetal Alcohol Syndrome among their patients, and to develop continuing medical education resources.

This survey takes 10 minutes or less to complete. Please return your completed survey in the enclosed, stamped envelope. Thank you for your time and expertise.

1. In your opinion, is it okay for a pregnant woman to have an occasional alcoholic beverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opinion		
2. What do you think is the most alcohol that a woman could drink during her pregnancy that would probably be safe for her developing baby?	0 drinks during her pregnancy <input type="checkbox"/>	1 or 2 drinks during her pregnancy <input type="checkbox"/>	3 or 4 drinks her pregnancy <input type="checkbox"/>	5 or more drinks during her pregnancy <input type="checkbox"/>	Don't know <input type="checkbox"/>
3. When do you think that a woman could drink during her pregnancy that would probably be safe for her developing baby?	Never during her pregnancy <input type="checkbox"/>	During her 1st trimester <input type="checkbox"/>	During her 2nd trimester <input type="checkbox"/>	During her 3rd trimester <input type="checkbox"/>	Don't know <input type="checkbox"/>
4. In your opinion, is it okay for a nursing mother to have an occasional alcoholic beverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opinion		
5. Do you think it's her own business if a woman drinks alcoholic beverages during her pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Opinion		
6. With the next five statements please indicate how likely it is that you would talk to a pregnant friend or relative about the effects of alcohol on a developing baby if:	Highly Likely	Likely	Unlikely	Highly Unlikely	Don't know
a) Your friend or relative drank 1 or 2 alcoholic beverages during her entire pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Your friend or relative drank 1 or 2 alcoholic beverages a month during her pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Your friend or relative drank 1 or 2 alcoholic beverages a week during her pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Your friend or relative drank 1 or 2 alcoholic beverages a day during her pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Your friend or relative drank 5 or more alcoholic beverages on any one occasion during her pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR COMMENTS AND SUGGESTIONS ARE IMPORTANT TO US. PLEASE FEEL FREE TO WRITE ANYWHERE ON THIS QUESTIONNAIRE AND/OR CALL DIANE CASTO AT 465-1188 (IN JUNEAU) OR 877 393-2287 (OUTSIDE JUNEAU)

7. With the next five statements, please indicate how likely it is that you would talk to a pregnant friend or relative about seeking professional services to help her stop drinking if:

Highly Likely

Likely

Unlikely

Highly Unlikely

Don't Know

a) Your friend or relative drank 1 or 2 alcoholic beverages during her **entire** pregnancy.

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☐

☐

☐

☐

b) Your friend or relative drank 1 or 2 alcoholic beverages **a month** during her pregnancy.

☐

☐

☐

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c) Your friend or relative drank 1 or 2 alcoholic beverages **a week** during her pregnancy.

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d) Your friend or relative drank 1 or 2 alcoholic beverages **a day** during her pregnancy.

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e) Your friend or relative drank **5 or more** alcoholic beverages on any one occasion during her pregnancy.

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☐

8. How much do you know about the medical diagnosis called Fetal Alcohol Syndrome?

☐ I've never heard of FAS

☐ I've heard of FAS

☐ I know a little bit about FAS

☐ I know a lot about FAS

9. Please indicate how strongly you agree or disagree with the next six statements about Fetal Alcohol Syndrome (FAS):

Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

No Opinion

a) People with FAS have a set of birth defects.

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b) People with FAS have brain damage.

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c) People with FAS have mental retardation.

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☐

d) People with FAS are affected physically.

☐

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☐

e) People with FAS will outgrow these effects.

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f) People with FAS have these effects through adulthood.

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☐

10. Please indicate how strongly you agree or disagree with the next six statements about the effects of FAS on a person's capabilities:

Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

No Opinion

a) FAS affects a person's motor skills.

☐

☐

☐

☐

☐

b) FAS affects a person's memory.

☐

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☐

☐

☐

c) FAS affects a person's judgement.

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☐

d) FAS affects a person's ability to plan.

☐

☐

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☐

☐

e) FAS affects a person's ability to reason.

☐

☐

☐

☐

☐

f) FAS affects a person's ability to learn.

☐

☐

☐

☐

☐

11. Please indicate how strongly you agree or disagree with the next three statements about alcohol use and FAS:

Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

No Opinion

a) Drinking alcohol during pregnancy can cause birth defects.

☐

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b) Currently, the only known cause of FAS is alcohol consumption by a birth mother during her pregnancy.

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c) Fetal Alcohol Syndrome is preventable.

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12. Are you aware of any local groups or state agencies who currently provide help with FAS issues in your community?

☐ Yes

☐ No

12a. If yes, who are they?

13. Which of these populations do you currently provide medical services for? **(Please check all that apply)**

children (ages 12 or less)

☐ Male

☐ Female

adolescents (ages 13-18)

☐ Male

☐ Female

adults (ages 19+)

☐ Male

☐ Female

14. Of your current female patients, what percent do you know, or strongly suspect, are pregnant?

%

15. Of these patients who are, or likely are pregnant, what percent do you strongly suspect to have an alcohol problem?

%

16. Of the newborn patients that you have delivered or seen in the past year, what percent have had alcohol related complications?

%

17. Do you currently have any FAS screening or diagnostic services available in your community?

☐ Yes

☐ No

☐ Don't Know

17a. If yes, who are they?

18. Please indicate whether or not you have ever:

Yes

No

a) Referred a patient for an FAS screening or diagnosis?

☐

☐

b) Referred the child of a patient for an FAS screening or diagnosis?

☐

☐

c) Made an FAS chart notation on a patient?

☐

☐

d) Made an FAS diagnosis on a patient?

☐

☐

19. When providing treatment for your patients, how often do you:

Always

Most of the time

Some of the time

Never

a) Ask your pregnant patients if they use alcohol?

☐

☐

☐

☐

b) Inform your pregnant patients about the effects of alcohol on a developing baby?

☐

☐

☐

☐

c) Refer your pregnant patients who have alcohol abuse problems to a treatment or counseling program?

☐

☐

☐

☐

20. During the past year when you delivered the babies of women that you knew or strongly suspected to have alcohol abuse problems, how often did you note alcohol use on the birth record of those babies?

Always

Most of the time

Some of the time

Never

☐

☐

☐

☐

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